

**MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT**

Business Name <b>Banta Elementary</b>		Business Address 328 Sixth Street, Menasha		County <b>Winnebago</b>	ID # <b>02-71062</b>
Legal Licensee <b>Chartwells</b>		Mailing Address (Licensee) 2400 Yorkmont, NC		Telephone # (920 ) 967-1417 -	
Date of inspection <b>12/1/15</b>	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Liq lic		Is operator Certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A	
<b>Inspection Type</b> <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit		<b>Action Taken</b> <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other			
Person in Charge		CFM # and expiration CFM #                      expiration date			
<b>FOODBORNE ILLNESS RISK FACTORS</b>					
Circle designated compliance status for each item IN-in compliance <b>OUT</b> – out of compliance <b>N/O</b> – not observed <b>N/A</b> – not applicable			Mark an <b>X</b> in appropriate box for <b>COS</b> and/or <b>R</b> <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation		

COMPLIANCE STATUS			COS	R	COMPLIANCE STATUS			COS	R
<b>DEMONSTRATION OF KNOWLEDGE</b>					<b>POTENTIALLY HAZARDOUS FOOD TEMPERATURE</b>				
1A	IN	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>	16	NA	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	17	NA	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>					<b>CONSUMER ADVISORY</b>				
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>	18	NO	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	19	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD HYGENIC PRATICES</b>					<b>HIGHLY SUSEPTABLE POPULATIONS</b>				
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>	20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	21	IN	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<b>PREVENTING CONTAMINATION FROM HANDS</b>					22	NA	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHEMICAL</b>				
7	NO	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>	25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
8	IN	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	26	IN	Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>APPROVED SOURCE</b>					<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
9	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
10	NO	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factors:</b> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.				
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.				
<b>PROTECTION FROM CONTAMINATION</b>									
13	IN	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>					
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>					
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>					

GOOD RETAIL PRACTICES									
Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. <b>COS</b> – corrected on site during inspection <b>R</b> - repeat violation									
<b>SAFE FOOD AND WATER</b>			<b>COS</b>	<b>R</b>	<b>PROPER USE OF UTENSILS</b>				
28	NA	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	NA	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>					44	IN	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	<b>UTENSILS AND EQUIPMENT</b>				
32	NO	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	NO	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOOD PROTECTION</b>					<b>PHYSICAL FACILITIES</b>				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	IN	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	OUT	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	NO	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	OUT	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Menu Review:</b> Review Conducted <input checked="" type="checkbox"/> yes <input type="checkbox"/> no - New menu items <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No New items  <b>New processes:</b> Does new process require variance <input type="checkbox"/> yes <input type="checkbox"/> no What interim step was taken pending variance  <b>Addition to Consumer Advisory</b> <input type="checkbox"/> yes <input type="checkbox"/> no New menu item which requires consumer advisory  <b>Concerns / Corrections Suggested:</b>
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TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
upright refrigerator orange sections	39°F	upright refrigerator milk	43°F	--	°
--	°F	--	F °	--	F °
Cook --	°F	Cook --	F °	Cook --	F °

WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Sanitizer Name / Approved Y/N	Sanitizer Type
	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	200ppm / RT °F rinse	QUAT <input type="checkbox"/> Yes <input type="checkbox"/> No	QUAT

**CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table**  
 (Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation sited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

Record CDC risk code abbreviation, violation # from 1<sup>st</sup> page, violation description, Food Code reference, corrective action, and score.

CDC Code	Violation number P- Priority Pf- Priority Foundation	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
-	<input type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	<b>WISCONSIN FOOD CODE REFERENCE</b>  <b>CORRECTIVE ACTION</b>	COS

Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
<b>37</b> <input checked="" type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	<p>The current food service line is not served by any breath protection to exposed foods.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>3-306.11 Food Display.</b>  <i>Except for nuts in the shell and whole, raw fruits and vegetables that are intended for hulling, peeling, or washing by the CONSUMER before consumption, FOOD on display shall be protected from contamination by the use of PACKAGING; counter, service line, or salad bar FOOD guards; display cases; or other effective means. P</i></p> <p><b>CORRECTIVE ACTION</b>  <b>Adequate protection must be installed on this service line. Options exist to be in compliance with this section - please contact to discuss.</b></p>	<b>30 days</b>
<b>53</b> <input type="checkbox"/> P <input type="checkbox"/> Pf <input checked="" type="checkbox"/> C	<p>Paint was noted peeling from the ceiling above the food service area.</p> <p><b>WISCONSIN FOOD CODE REFERENCE</b>  <b>6-201.11 Floors, Walls, and Ceilings.</b>  <i>Except as specified under § 6-201.14 and except that antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.</i></p> <p><b>CORRECTIVE ACTION</b>  <b>Loose paint must be removed and entire ceiling should be resurfaced with a gloss enamel or other equivalent to provide a smooth and non-absorbent surface.</b></p>	<b>Holiday break</b>

Long term controls / approvals / special processes in place

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**Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:**

- **Complex restaurants \$250.00**
- **Moderate restaurants \$200.00**
- **Simple restaurants \$150.00**
- **Retail >1 M \$300.00**
- **Retail 25K-1M \$250.00**
- **Retail remaining \$200.00**

**Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:**

- **Temporary revocation of license**
- **License will not be renewed pending payment**
- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

**Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.**

**The City of Menasha posts all Health Department Inspection reports on the City of Menasha Web-Site.**

**Inspection Narrative and information on non-violation observations and/or suggestions:**

**I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.**

		<b>Emailed to Sue Malesa</b>	<b>12/1/15</b>
<b>PIC signature or authorized employee</b>	<b>Date</b>	<b>Sanitarian Signature Todd Drew, R.S.</b>	<b>Date</b>

**Food Safety Fact Sheets Attached:**

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report
<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		